

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		2	2			
6		2	2			
7		4	4			
8		2				
9		4				
10	1					
11	1					
12	1					
13	1					
14		2				
15		2				
16		4				
17	1					
18	1					
19		2				
20		2				
21	1					
22	1					
23		2				
24		2				
25		4				
26		4				
27		4				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	42					
TOTAL CLAIMS	54					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						